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PTO/SB/21 (09-04)

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Application Number 10/737180-Conf. #5500 Filing Date TRANSMITTAL December 15, 2003 First Named Inventor **FORM** Jeffrey G. MOORE Art Unit 1651 (to be used for all correspondence after initial filing) Examiner Name L. B. Lankford Attorney Docket Number Total Number of Pages in This Submission 0108236.00136US5 ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC X Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please x Extension of Time Request Terminal Disclaimer Identify below): Request for Refund **Express Abandonment Request** Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WILMER CUTLER PICKERING HALE AND DORR LLP Signature Printed name Michael J. Twomey Date Reg. No.

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	Signature and by higher	
Dated: December 22, 2005	Signature (COV)	(Mary Jo Nispel)

38.349

December 22, 2005

PTO/SB/17 (12-04v2)
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Fees pursuant to the Consolid	iated Appropriatio	nns Act, 2005 (H.R. 48:	18). Ap	plication Num	ber	10/737180-Cd	nf. #5500	
FEE TRANSMITTAL		Fil	Filing Date		December 15, 2003			
	FY 200		Fir	st Named Inv	entor	Jeffrey G. MO	ORE	
FOI	F 1 200	9	Ex	aminer Name		L. B. Lankford		
Applicant claims sm	all entity status.	See 37 CFR 1.27	Ar	Art Unit 1651		1651		
TOTAL AMOUNT OF PA	YMENT	(\$) 1,020.00	Att	tomey Docket	No.	0108236.0013	86US5	
METHOD OF PAYME	NT (check all t	hat apply)						
Check Credit	Card M	1oney Order	None	Other (please ident	ify):		
X Deposit Account De	posit Account Numb	er: 08-0219 Depos	- sit Account	Name: Wil	mer Cutle	r Pickering H	ale and Doi	r LLP
For the above-ide	ntified deposit a	account, the Direct	tor is he	reby authorize	d to: (chec	k all that apply))	
x Charge fee(s) indicated bel	ow		Charge	e fee(s) inc	licated below, e	xcept for th	e filing fee
	additional fee(s	s) or underpaymen and 1.17	nt of	x Credit	any overpa	ayments		
FEE CALCULATION			,					
1. BASIC FILING, SEARC	CH, AND EXAM	INATION FEES						
				CH FEES	EXAMIN	IATION FEES	3	
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100 1	100	50	130	65		
Plant	200	100 3	300	150	160	80		
Reissue	300	150 5	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (inclu							50	25
Each independent claim of Multiple dependent claim		ig Reissues)					200 360	100 180
l		ine (\$) = E	ee Paid	l (¢)	R.A	ultiple Depend		100
Total Claims Extr.	a Claims F	ee (\$) F	ee Faiu	(4)			Fee Paid (\$	1
	^ _							
Indep. Claims Extr	a Claims F	ee (\$) F	ee Paid	(\$)				_
3. APPLICATION SIZE FI	^ _ FF							
If the specification and c listings under 37 CFF sheets or fraction the	frawings excee R 1.52(e)), the a	application size fe	e due is	\$250 (\$125 f)
	Extra Sheets			ional 50 or frac	tion thereo	f <u>Fee (\$)</u>	Fee F	aid (\$)
- 100 = _	- 100 = /50 (round up to a whole number) x =							
4. OTHER FEE(S)	0100.0	, II ::!:					<u>Fees l</u>	Paid (\$)
Non-English Specifica	•	•		•	العجمية المسا		4.00	20.00
Other (e.g., late filing surcharge): 1253 Extension for response within third month					1,02	20.00		

SUBMITTED BY				•		
Signature	michael -1	women	Registration No. (Attorney/Agent)	38,349	Telephone	(617) 526-6000
Name (Print/Type)	Michael J. Twomey	٥			Date	December 22, 2005

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